

## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	Method for Treatment of Angiogenic Disorders	
Application Type: regular, utility		
Correspondence address: Customer Number: 021121 *021121*		
Continuing Data: This is a Non-Provisional of US application number 60/464,160, filed 2003-04-18.		
Inventors Information:		
<u>Inventor 1:</u>		
Applicant Authority Type:	Inventor	
Citizenship:	CA	
Given Name:	John	
Middle Name:	K.	
Family Name:	Jackson	
City of Residence:	Vancouver	
Country of Residence:	CA	
Address-1 of Mailing Address:	540 W. 29th Avenue	
Address-2 of Mailing Address:		
City of Mailing Address:	Vancouver	
State of Mailing Address:		
Postal Code of Mailing Address:	V5Z 2M7	
Country of Mailing Address:	CA	
Phone:		
Fax:		
E-mail:		
<u>Inventor 2:</u>		
Applicant Authority Type:	Inventor	

Citizenship: CA  
Given Name: Helen  
Family Name: Burt  
City of Residence: Vancouver  
Country of Residence: CA  
Address-1 of Mailing Address: 2930 West 28th Avenue  
Address-2 of Mailing Address:  
City of Mailing Address: Vancouver  
State of Mailing Address:  
Postal Code of Mailing Address: V6L 1X2  
Country of Mailing Address: CA  
Phone:  
Fax:  
E-mail:

Inventor 3:

Applicant Authority Type: Inventor  
Citizenship: CA  
Given Name: Christopher  
Family Name: Springate  
City of Residence: Vancouver  
Country of Residence: CA  
Address-1 of Mailing Address: 2020 Comox Street, Apt 53  
Address-2 of Mailing Address:  
City of Mailing Address: Vancouver  
State of Mailing Address:  
Postal Code of Mailing Address: V6G 1E8  
Country of Mailing Address: CA  
Phone:  
Fax:  
E-mail:

Inventor 4:

Applicant Authority Type: Inventor  
Citizenship: CA  
Given Name: Martin

Family Name: Gleave  
City of Residence: Vancouver  
Country of Residence: CA  
Address-1 of Mailing Address: 4693 Drummond Drive  
Address-2 of Mailing Address:  
City of Mailing Address: Vancouver  
State of Mailing Address:  
Postal Code of Mailing Address: V6R 1E8  
Country of Mailing Address: CA  
Phone:  
Fax:  
E-mail:

## Attorney Information:

Name	Registration Number
Marina T. Larson	32038

## Assignee 1:

Organization Name: The University of British Columbia  
Address-1 of Mailing Address: University Liaison Office  
Address-2 of Mailing Address: #103 – 6190 Agronomy Road  
City of Mailing Address: Vancouver  
State of Mailing Address:  
Postal Code of Mailing Address: V6T 1Z3  
Country of Mailing Address: CA  
Phone:  
Fax:  
E-mail: